Vol	M05	Page	5	55	8	1
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, .	AND WHEN RECORDED MAIL THIS IS OTHERWISE SHOWN BELOW, MAIL  STREET STREET ADDRESS STATE  CITY STATE  ZIP  L	TAX STATEMENTS TO: AYLOK IK. SON OR
	Title Order No.	Escrow No.
):	5 JUL 20 AMS: 17	

OState of Oregon, County of Klamath Recorded 07/20/05 Vol M05 Pg 5558/ Linda Smith, County Clerk Fee \$ 2/00 # of Pgs

GR	Δ	NT	n	FFD

DOCUMENTARY TRANSFER TAX \$ ☐ computed on full value of property conveyed, or ☐ computed on full value less liens and encumbrances remaining at time of sale.	-

SPACE ABOVE THIS LINE FOR RECORDER'S USE

FOR VALUABLE CONSIDERATION, receipt of which is acknowledged, I (We), grant to

all that real property situated in the City of (or in an unincorporated area of) County, State of Off 401, described as follows (insert legal description): LOT & BLOCK 58, FIFTH AddITION TO NIMPOD RIVER PARK, ACCORDING TO THE OFFICIAL PLAT THERE OF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OPE JON. SUBJECT TO. COVENANTS, CONDITIONS RESERVATIONS, PIGHTS, PIGHTS OF WAY AND ALL MATTERS AFREATING OF RECORD. Assessor's parcel No.

Executed on

personally appeared

personally known to me (or proved to me on the basis of satisfactory exidence) to be the person(e) whose name(e) is/are subscribed to thewithin instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(e), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



HEIDI LYNNE LAMB Commission # 1368711 Notary Public - California Los Angeles County My Comm. Expires Aug 8, 2006

Before you use this form, fill in all blanks, and make whatever changes are appropriate and necessary to your particular transaction. Consult a lawyer if you doubt the form's fitness for your purpose and use. Wolcotts makes no representation or warranty, express or implied, with respect to the merchantability or fitness of this form for an intended use or purpose.

RIGHT THUMBPRINT (Optional)

TOP OF THUMB HERE
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CAPACITY CLAIMED BY SIGNER(S)
MINDIVIDUAL(S)
CORPORATE

OFFICERS

O PARTNER(S)

I LIMITED

(TITLES)

ATTORNEY IN FACT

GUARDIAN/CONSERVATOR

Robert E. Ogden